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ABSTRACT

This guide is intended to help instructors educate new and expectant parents about safely transporting their newborn babies. The guide accompanies a 27-minute video, developed by the National Traffic Safety Administration, which introduces some of the key safety issues that new parents should consider during their baby's first 6 months of life. The guide contains the following sections: (1) "Background Information," outlining key safety issues from birth to six months; (2) "Teaching Safety to the Expectant Parent," (3) "The 'Protecting Your Newborn' Video," an English-language script of the video (video also available in Spanish); (4) "Attitude Counts: Positive Parenting," addressing parent concerns about stress and potential abuse; (5) "Transporting Baby Safely," giving information on infant car seats and traveling with an infant; (6) "Home Safe Home: Preparing the Home for the New Arrival," including crib safety and prevention of suffocation, drowning, poisoning, and fires and burns; (7) "Resources and Tools: Reproducible Parent Handouts," including top 10 safety tips, car airbag safety, preschoolers and school-age children in the car, and facts about Sudden Infant Death Syndrome. A list of additional resources for parents concludes the guide. The companion video details infant car seat and car air bag safety. (HTH)

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PROTECTING YOUR NEWBORN

INSTRUCTOR'S GUIDE

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Protecting Your Newborn Project Planning Committee

House Committee on Transportation Appropriations and Congressman Frank Wolf's Office, U.S. Congress; National Transportation Safety Board; National Highway Traffic Safety Administration; and the Maternal and Chi'd Health Bureau, Health Resources and Services Administration, U.S. Public Health Service and the National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services.

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INTRODUCTION

The *Protecting Your Newborn Instructor's Guide* is intended to help you to educate parents about safely transporting their newborn babies. This *Instructor's Guide* accompanies the 27 minute *Protecting Your Newborn* video. This video was developed by the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation, for use by prenatal instructors and others working with new and expectant parents in hospitals and other care settings.

As you know, safety is one of the most important issues that expectant parents should think about as they are preparing their homes and their lives for the new arrival. The *Protecting Your Newborn* video introduces some of the key safety issues that new parents should consider during their baby's first six months of life.

This *Instructor's Guide* will help you introduce the *Protecting Your Newborn* video to the new and expectant parents with whom you work. It also provides you with resources and tools that you can use to provide additional information about safety topics that are not covered in the video.

This *Instructor's Guide* contains the following:

- **Background Information:** Key Safety Issues from Birth to Six Months.
- **Teaching Safety to the Expectant Parent**
- *Protecting Your Newborn* script so that you can familiarize yourself with the video.
- **Attitude Counts:** Positive Parenting
- **Transporting Baby Safely:** Information on the safe transportation of infants during the first six months.
- **Home Safe Home:** Information on keeping baby safe at home during the first six months.

- **Resources and Tools:** Reproducible Parent Handouts
- **Additional Resources for Parents**

Localizing the Information

The section, **Additional Resources for Parents,** lists national organizations (many of which have state and/or local affiliates) that can serve as resources for parents and other caregivers. It will be especially helpful to the new and expectant parents with whom you work if you provide them with a localized version of this list. This localized list should include state and/or community contacts for safe transportation, injury prevention, and child abuse prevention. In addition, you may want to supplement the parent handouts provided in this *Instructor's Guide* with handouts from local organizations and agencies. For example, a listing of poisonous plants common in your state or region can be obtained from a local or regional poison control center.

BACKGROUND INFORMATION

Key Safety Issues From Birth to Six Months

All of the most dramatic growth of a child's life—physical, cognitive, social, and emotional—occurs during infancy.[1] By the time a baby reaches one year of age, he has tripled his birthweight, added almost 50 percent to his length, and achieved most of his brain growth.[2]

The easiest way to understand safety is to consider it in the context of a baby's development. Infants are completely reliant on their parents and caregivers to keep them safe from harm.

The Newborn Baby

- Responds to sound by blinking, crying, quieting, changing respiration or showing a startle response.
- Fixates on the human face and follows with eyes
- Responds to parent's face and voice
- Has flexed posture
- Moves all extremities

The One-Month Old

- Responds to sound by blinking, crying, quieting, changing respiration or showing a startle response.
- Fixates on the human face and follows with eyes
- Responds to parent's face and voice
- Has flexed posture
- Moves all extremities
- Can sleep for three or four hours at a time; can stay awake for one hour or longer.
- When crying, can be consoled most of the time by being spoken to or held.

The Two-Month Old

- Coos and vocalizes reciprocally.
- Is attentive to voices.
- Shows interest in visual and auditory stimuli.
- Smiles responsively.
- Shows pleasure in interactions with adults, especially primary caregivers.
- In prone position, lifts head, neck, and upper chest with support on forearms.
- Some head control in upright position.

The Four-Month Old

- Babbles and coos
- Smiles, laughs, and squeals
- In prone position, holds head erect and raises body on hands
- Rolls over from prone to supine
- Opens hands, holds own hands, grasps rattle
- Controls head well
- Reaches for and bats at objects
- Looks at and may become excited by mobile
- Recognizes parent's voice and touch
- Has spontaneous social smile
- May sleep for at least six hours
- Able to comfort himself (e.g., fall asleep by himself without breast or bottle)

The Six-Month Old

- Vocalizes single consonants ("dada," "baba")
- Babbles reciprocally
- Rolls over
- Has no head lag when pulled to sit
- Sits with support
- Stands when placed and bears weight

- Grasps and mouths objects
- Shows differential recognition of parents
- Starts to self-feed
- Transfers cubes or other small objects from hand to hand
- Rakes in small objects
- Is interested in toys
- Self-comforts
- Smiles, laughs, squeals, imitates razzing noise
- Turns to sounds
- May begin to show signs of stranger anxiety
- Usually has first tooth erupt around six months of age

As you can see, the rapid changes in an infant's development during the first six months of life mean that babies quickly progress to a stage when they can roll off a changing table, bed, or other furniture; pull up into a standing position (often using tablecloths and appliance cords for support); and put items in their mouths.

Remember, infants and children are especially vulnerable to injury:

- They have smaller, more fragile bodies. Incidents that would not harm an adult may injure a baby or young child. For example, babies can be scalded at much lower hot water temperatures than adults.
- Their cognitive development affects their risk of injury. Babies are not able to understand that certain actions can put them in danger. For example, babies learn by putting everything in their mouths, even items that they could choke on or that might be poisonous or otherwise dangerous, like an appliance cord.
- Their motor coordination and reflexes are not as well developed as those of adults. Babies cannot quickly respond to danger.
- They are smaller and have a more restricted field of vision, so they don't see danger as well or as quickly.
- They have limited life experience, which makes them less able to make judgments about danger.

It is also clear that even a newborn baby will respond to his or her parent's voice. This is useful information to pass on to parents who worry about not being able to see or

comfort their infants if babies ride rear-facing in the back seat of a car. Research has shown that a parent who is alone in a car with a rear-facing infant in the back seat **can** comfort the baby by talking or singing while driving. Placing a healthy infant rear-facing (and in a properly installed car seat) in the back seat of a car is just like putting a baby down in a safe crib for a nap.

Some Facts and Figures About Injuries

According to the National SAFE KIDS Campaign, in 1992 more than 800 children under age 1 died from unintentional injuries. Suffocation was the leading cause of death, followed by motor vehicle occupant injuries, chokings, fires and burns, and drownings.

These injuries are not just a health issue–they also have an enormous economic impact on society. The National SAFE KIDS Campaign estimates that for every injured child, the total cost is $11,839, including $661 in medical costs, $1,161 in future earnings, and $10,017 in quality of life.

Motor vehicle occupant injuries–injuries that occur to infants as passengers in cars, vans, and other vehicles, are the primary focus of the *Protecting Your Newborn* video.

According to the National Highway Traffic Safety Administration (NHTSA), in 1994 alone, 162 children under the age of one died in motor vehicle crashes. Of these children, 93 (57 percent) were not using any type of restraint, 64 (38 percent) were using a child safety seat, and 5 children (3 percent) were restrained using an adult seat belt. Note: the data shown here does not reflect injuries that may have occurred because a child safety seat was being used **incorrectly.** In fact, one NHTSA study shows that child safety seats are misused as much as 80 percent of the time.

Child safety seats, the appropriate type of restraint for newborns, reduce the risk of fatal injury by 69 percent for infants (less than one year old).

TEACHING SAFETY TO THE EXPECTANT PARENT

Take Advantage of A Teachable Moment

Having a baby is one of life's most exciting and challenging experiences. Expectant parents naturally want to do all they can to prepare for their new roles. This makes pregnancy a "teachable moment" that you can take advantage of to educate parents about child safety issues. Use the information in the previous section, **Background Information,** to discuss the importance of injury prevention.

Help parents understand that:

- Children are always happiest and healthiest in a loving environment.
- Their love for their newborns will be an important asset as parents develop parenting skills.
- Love alone is not enough to keep a baby healthy and safe.
- To protect their newborns, parents need information about common hazards that can injure their babies.
- The *Protecting Your Newborn* video will introduce some of the key safety issues parents must consider during the first six months.
- Additional information on topics mentioned in this video are available from you (using the parent handouts and other tools and resources in this *Instructor's Guide*).

THE *PROTECTING YOUR NEWBORN* VIDEO

Use the script to familiarize yourself with the information presented in the video.

Caring for a new baby can be overwhelming.

Even if this isn't your first baby, taking care of a newborn may seem like more than you're ready to handle. These feelings are normal.

Remember, you and your baby are learning about one another together. Don't expect that you're always going to know what to do. Parenting skills and confidence will come as you live and grow with your baby over time.

When you go home with your baby you leave the controlled, protective environment of the hospital. The first threat to your baby may be the most dangerous: transportation.

Statistics show that the most serious injuries to young children occur in motor vehicle crashes.

Safe transportation begins with one basic rule. A child can ride in a car only when properly placed in a securely installed safety seat. You should use a car seat to keep your baby safe AND because it's the law in every state.

No trip is too short for a car seat. An unrestrained baby is likely to be severely injured or die in a crash. The time you think you might save by not using a car seat is not worth risking the life of your child.

If your baby is fussy, you might be tempted to hold the baby or take the baby out of the car seat for feeding or changing. But, the fact is babies should never be held while in a moving vehicle. In a crash, a child held in your arms is not safe. If you need to feed or change your baby while on a trip, pull over at a rest stop instead.

In a 30 mile per hour impact, a 10 pound baby would be pulled away from you with a force of 300 pounds. This kind of force will tear the baby out of the hold of most adults, no matter how strong they are.

If you can't securely install a safety seat in a vehicle, don't travel with your baby in that vehicle. If necessary, postpone the trip until you can make safer arrangements.

Your car seat is designed to protect your baby from impact forces that result from a collision.

Since the most dangerous collisions are head-on, your infant must always be seated rear-facing until at least one year of age.

This position gives the best possible protection because babies under one year of age do not have strong neck muscles.

This film of tests done with a toddler shows the stress a collision places on a child's neck.

A baby should not ride facing forward because the neck and spinal cord can be seriously injured when the head snaps forward in the great force of a crash.

The rear-facing position cradles your baby's head and neck and spreads the crash forces along the baby's body to lessen the impact.

Choosing a car seat isn't always a simple matter. Don't choose a seat solely on how it looks or just because it's easy to use.

The best car seat is one that holds your child snugly and can be securely installed in your vehicle.

There are several styles of car seats that are safe for newborns and infants. An infant/only seat with a base is designed to allow you to remove the seat and use it as a carrier while leaving the base installed with the vehicle seat belts.

An infant/only seat without a base installs directly into the car. If the car seat is removed from the car, it must be carefully reinstalled.

This type of infant/only seat converts to a car bed and is designed for children with special health needs.

A convertible seat can be used rear facing for an infant and then converted to a forward facing position when the child is at least 1 year of age and 20 pounds.

These seats offer a financial advantage since you can use one car seat until the child grows out of the convertible seat at about 40 pounds. But you should be aware that a convertible seat doesn't provide the best protection for many infants.

These seats are just too big for smaller infants, especially seats with a shield. A convertible seat with a five point harness is better.

But remember, since a snug fit is important, an infant/only seat is often the best choice.

Since babies vary in size and vehicles have a mixture of seat shapes and seat belt designs, some research will be required to find the right car seat.

Start with your vehicle's Owners Manual. The manual should describe the types of seat belts you have, how they work and whether you'll be required to make any special adaptations to secure the seat in the car.

Let's look at some of the common seat belt or vehicle designs that can present problems. First, examine the vehicle seat. Scooped out or bucket seats may be too narrow to hold the base of the car seat. They may also make it difficult to keep the car seat at the correct angle.

These seats also tend to have belts mounted forward of the seat crack. Even with flat seats, a forward mounted belt doesn't allow the car seat to be tightly secured against the vehicle seat.

In some cars, the inboard buckle is too far forward. Again, this prevents a tight fit of the car seat against the vehicle seat.

This problem is sometimes correctable using a special add-on buckle, mounted further back. This buckle can be obtained from car dealers.

Never use door mounted seat belts and motorized shoulder belts to anchor a car seat. Car seats cannot be secured with a shoulder belt alone.

Dealers can sometimes install a special lap belt that will hold a car seat in place.

Seat belts play a crucial role in securing car seats in vehicles.

For the belt to be effective, it should be positioned so it holds the car seat as tightly to the vehicle seat as possible and then locked into that position.

There are a wide variety of belt designs and they work in different ways.

Some belts lock automatically. To check for this feature, pull the belt out and let it go back slightly. Then pull it out gently. If it locks it can be used to secure the car seat.

But other belts, such as a one-piece lap/shoulder belt with a sliding latchplate become loose when you pull it. This means the seat will work itself free during travel.

A special metal locking clip is needed to secure a car seat with these belts.

To install the locking clip, put the belt through the correct path on the car seat and buckle the belt. Pull up on the shoulder end of the belt until the lap belt is pulled tight.

Hold the two parts of the belt together at the latch-plate and unbuckle the belt. Thread the belt through the locking clip close to the latchplate.

Re-buckle the belt. The belt should now hold the car seat tightly in place.

Some belts have a special feature that lets you switch from loose to lockable.

A label may indicate this feature and it should also be described in the Owner's Manual.

To use a switchable belt, pull it all the way out. You may hear a click. Now when you let the belt roll back, it locks every inch or so insuring that the car seat fits securely in the vehicle.

Now that you've seen some of the different types of belts in the car, lets' talk about the safest placement of the seat. Because it's the furthest from likely points of impact, many parents feel the center of the backseat is the safest location. This is very often true. But, it's important to recognize that a car seat can be placed in the center of the backseat only if the seat design and belt type allow the car seat to be securely placed in that position.

Many smaller vehicles don't have a center seating position in the backseat.

When transporting a group of children only one child can sit in the center rear. Don't be alarmed if a center rear position isn't available in your vehicle.

The rule to remember about seat position is that you should always avoid placing an infant in the front seat of a car and never place an infant in the front seat of a vehicle with passenger side air bags.

Statistics show that children who are securely placed in a car seat in any available backseat position receive 29% fewer injuries in collisions.

Let's take a quick look at the installation of 3 types of seats you're likely to consider using: An infant/only seat with a base is installed in two steps:

First use the seat belt to secure the base to the vehicle seat and then place the infant seat into the base. Make sure you place the carrying handle down into the locked position. This secures the seat into the base.

An infant/only seat is installed directly into the vehicle seat. Each time you remove the seat it must be carefully reinstalled.

Finally, a convertible seat is also installed directly into the vehicle seat. There are no simple rules for seat installation because the combinations of car seats, vehicle seats and belt designs makes each installation unique. But be aware that a car seat is not safely installed until it's securely attached to the vehicle seat with a minimum of movement in any direction.

Before using a safety seat, make sure it has a label stating that it meets or exceeds all Federal standards.

If you have an older seat, make sure it meets Federal standards, came with an instruction booklet and that the label is still visible.

The seat should appear to be in good condition with no loose parts or cracks in its plastic shell.

If the seat has been involved in a crash or if you don't know its history, don't use it. These seats are no longer safe and must be destroyed and replaced with a new seat.

Car seats are occasionally recalled for safety problems.

Register your car seat with the card provided by the manufacturer so that you can be notified about recalls.

To check if your car seat has been recalled or to obtain a car seat registration card, call the National Auto Safety Hotline at 1-800-424-9393.

Once you have your car seat and are certain that it fits in your vehicle, you need to decide the safest location to place the seat in the car.

In a typical passenger car, the safest location is the backseat. In the backseat, a baby is the furthest from the point of impact in a head-on collision.

Never place an infant in the front seat of a vehicle equipped with a passenger side air bag. An air bag can kill or seriously injure a rear-facing infant riding in the passenger side.

Air bags are designed to prevent a forward-facing adult passenger from colliding with the dashboard in a head-on collision. A rear-facing infant would not get the same protection. Here's why.

In a collision, the passenger side air bag inflates at speeds up to 200 miles per hour. It's that blast of energy that's dangerous to an infant who is too close to the air bag when it inflates.

When you place your infant in the backseat, always keep the seat rear-facing. Only babies with special health needs that require full time monitoring such as apnea must be seated within an adults reach. A healthy baby riding rear-facing in the backseat will be safe even out of the driver's view.

Each time you travel with your child you should think about what would happen if you were involved in a crash. Before you go anywhere check the vehicle for loose items like a stroller or toys that could move around inside the vehicle and cause an injury.

Make sure you buckle-up yourself.

Always take your baby with you when you get out of the car no matter how brief your stop.

Traveling in a vehicle that is not your own such as a friend or family member's car can be difficult. The seat that fits perfectly in your car may not fit in another vehicle.

Keep in mind that your baby's safety demands that the car seat be securely installed in any vehicle in which your child travels.

Make smart decisions. Take the time to determine whether your seat fits in another vehicle and if it requires any special equipment not needed in your car.

You may need a different car seat or you might have to change plans and travel in a different car.

Taxi cabs and rental vehicles are usually covered by the state child passenger safety law and require traveling with a safety seat.

It's important to call ahead and request a seat or inform the cab or rental company that you'll be bringing your own car seat and will need to check the fit.

When a trip involves air travel; always bring your car seat. You're going to need the car seat when you reach your destination. It's also the best way to protect your baby when traveling by air.

Call ahead to make sure your car seat will fit and ask about the airline's policy about car seats.

Look for a sticker that reads: This restraint is certified for use in motor vehicles and aircraft.

You can also call 1-800-FAA-SURE for more information.

Vehicles used in public transportation rarely provide seat belts to secure a safety seat.

But, if you use a car or other vehicle to get to and from the public transportation system, a car seat that converts to a stroller might be a good choice.

Now let's take a minute and review some of the key transportation safety information that will help you keep your baby safe.

Safe transportation begins with one basic rule. A child can ride in a car only when properly placed in a securely installed safety seat. You should use a car seat to keep your baby safe AND because it's the law in every state.

Babies should never be held while in a moving vehicle. In a crash, a child held in your arms is not safe. If you need to feed or change your baby, pull over at a rest stop instead.

A baby should not ride facing forward because the neck and spinal cord can be seriously injured when the head snaps forward in the great force of a crash. The rear-facing position cradles your baby's head and neck and spreads the crash forces along the baby's body to lessen the impact.

There are several types of car seats that will keep your infant safe but it's important to remember that the best car seat is one that holds your child snugly and can be securely installed in your vehicle.

Never place an infant in the front seat of a vehicle equipped with a passenger side air bag. An air bag can kill or seriously injure a rear-facing infant riding in the passenger side.

The safest location in any vehicle is the backseat. This is true whether or not the vehicle is equipped with an airbag. In the backseat a baby is the furthest from the point of impact in a head-on collision.

Parents are often very anxious about having their baby in the back seat. One reason is that they can't see what their baby is doing.

If your baby is fussy or crying, pull over to a spot that is safely out of traffic before you take care of the baby's needs. If you can't pull over safely, talking or singing in a soothing voice may be enough to reassure your baby.

Your pediatrician will be a vital resource for you. Start looking now for a doctor with whom you're comfortable.

Make sure you follow your pediatrician's advice at well-baby checkups.

Don't be afraid to ask questions.

Be sure to keep up with your baby's recommended immunizations. These shots will protect your baby from dangerous illnesses.

Since you should be seeing your baby's doctor regularly, pediatricians can also be a good source of general information. You can ask your pediatrician about developmental milestones or when your baby can convert to a forward facing car seat.

Don't forget, your home should be the safest place for your baby. Use a home safety checklist and take the time to inspect your home for hazards.

A home safety checklist should include information on choosing safe nursery equipment and list ways to make your home safe for your baby.

Don't assume that products designed for children are safe. Babies depend on parents to control their environment and limit their exposure to danger.

You can keep your baby safe by researching baby products before you buy them. Information about the safety of most baby products is available by contacting the US Consumer Product Safety Commission by writing to the US CPSC, Washington, DC 20207.

Parenting is a skill you learn.

Start planning for your baby's arrival now. This preparation will give you the peace of mind to enjoy your child. You can be better parents and a happier family when you know your home and car are as safe as they can be.

ATTITUDE COUNTS: POSITIVE PARENTING

Often, new parents feel like the responsibility of having a new baby is just too overwhelming. This is true even of experienced parents.

Help parents understand that:

- These feelings are normal
- Parents and their newborn have to learn about each other
- Parenting skills develop over time
- It's important for them to remember to take care of themselves, not just the new baby
- Well-balanced meals and as much sleep as possible are essential to keeping stress levels low
- They should watch for signs of fatigue or stress in their partners and share responsibilities so one person does not become overburdened
- Changes in mood in both parents, but especially the mother, are normal. Having a baby requires an emotional adjustment on the part of both parents.

Every parent worries that their child may be abused, either physically, sexually, or emotionally. In many cases, parents who abuse their children lack or are isolated from family and friends who can be sources of support. If a parent has abused their child or feels that they might abuse their child, they should seek *immediate* help. A variety of programs are available, including crisis hotlines and crisis nurseries, where a parent can leave their child in someone else's care until they themselves can seek help.

Shaken Baby Syndrome is a common form of abuse in infants. Because a baby's head is heavy in comparison to the rest of her body and her neck muscles are not fully developed, support for the head is inadequate. When a baby is shaken roughly, the action of the head whipping back and forth can cause the brain to rebound again and again against the skull. Bruising of the brain can cause swelling, bleeding, pressure, and possibly permanent neurological damage leading to mental or physical disability. Damage may also occur to an infant's eyes. Detachment or scarring of the retina or damage to the optic nerve can lead to visual problems, even blindness. The risk of permanent damage is compounded if a baby is crying or held upside down while being

shaken, because both increase blood pressure in the head, making fragile blood vessels more likely to rupture.

The section, **Additional Resources for Parents,** lists national organizations that are resources for parents and other caregivers. Make sure to have information available on community resources, such as crisis hotlines and other services.

TRANSPORTING BABY SAFELY

When new parents first go home with their newborns they immediately face one of the major threats to their baby's well-being: motor vehicle occupant injuries.

Fortunately, these injuries can be largely prevented by using an appropriate child restraint or car seat. In fact, studies have shown that for an infant, a car seat reduces the risk of fatal injury in a crash by 69 percent.

The *Protecting Your Newborn* video provides parents with the following information:

- The most serious injuries to young children occur in motor vehicle crashes.
- Safe transportation begins with one basic rule—an infant can only ride in a motor vehicle when properly placed in a securely installed car seat.
- No trip is too short for a car seat. An unrestrained baby is likely to be severely injured or killed in a crash. The time parents think they might "save" by not using a car seat is not worth the life of a child.
- A child should never be held in someone's arms or on someone's lap while in a moving vehicle. In a 30 mile per hour impact, a 10 pound baby is pulled away from an adult with a force of 300 pounds. This is enough force to tear the baby out of the hold of most adults. If parents need to feed or change their baby while on a trip, they should pull over at a rest stop.
- If a parent cannot securely install a safety seat in a vehicle, the baby should NOT be transported using that vehicle. If necessary, the trip should be postponed until other, safer arrangements can be made.
- Car seats are designed to protect a baby from impact forces that result from a collision.
- Since the most dangerous collisions are head-on, an infant must always be seated rear-facing until at least one year of age and about 20 pounds. This position gives the best possible protection for babies under one year of age because they do not have strong neck muscles. A baby should not ride facing forward because the neck and spinal cord can be seriously injured when the head snaps forward in the great force of a crash.
- The rear-facing position cradles the baby's head and neck and spreads the crash forces along the baby's body to lessen the impact.

- Choosing a car seat isn't always a simple matter. Parents shouldn't choose a seat solely on how it looks or just because it's easy to use.
- The best car seat is one that holds the child snugly and can be securely installed in the vehicle. Since babies vary in size and vehicles have a mixture of seat shapes and seat belt designs, some research will be required to find the right car seat.
- Parents should start with the vehicle's Owners Manual. It should describe the number and types of seat belts in the vehicle, how they work, and whether they'll require any special adaptations to secure the car seat in the vehicle.
- Parents should examine their vehicle and look for problems such as seat belts that are mounted forward of the seat crack and scooped out (bucket) seats. These types of belts and seats may limit which types of car seats parents can use or affect how a car seat is secured in the vehicle.
- Parents should read the instructions for their car seat, then try installing the car seat in their vehicle and see if they can install it securely. They should be aware that some car seats and vehicles don't work together. No matter how hard they try, some car seats simply will not fit into the vehicle.
- If their car seat doesn't fit securely in their vehicle, they should try a different car seat, a different seating position or use the car seat in a different vehicle.
- Before using a safety seat, parents should check the seat itself and make sure it has a label stating that it meets or exceeds all Federal standards.
- If parents are using an older seat, they should make sure it meets Federal standards and came with an instruction booklet, and that the label is still visible.
- The seat should appear to be in good condition with no loose parts or cracks in its plastic shell.
- If the seat has been involved in a crash or if the parents don't know its history, the seat must not be used. It is no longer safe and must be destroyed and replaced with a new seat.
- Car seats are occasionally recalled for safety problems. Parents should register their car seat with the card provided by the manufacturer so that they can be notified about recalls. To check if a car seat has been recalled or to obtain a car seat registration card, parents can call the National Auto Safety Hotline at 1-800- 424-9393.
- Once parents have their car seat and are certain that it fits in their vehicle, they need to decide the safest location to place the seat in the car.
- In a typical passenger car, the safest location is the backseat. In the backseat, the baby is farthest from the point of impact in a head-on collision.

- An infant must never be placed in the front seat of a vehicle equipped with a passenger side air bag. An air bag can kill or seriously injure a rear-facing infant riding in the passenger side. Air bags are designed to prevent a forward-facing adult passenger from colliding with the dashboard in a head-on collision. A rear-facing infant would not be protected because in a collision, the passenger side air bag inflates at speeds up to 200 miles per hour. It's that blast of energy that's dangerous to an infant who is too close to the air bag when it inflates.

- When an infant is placed in the backseat, the car seat must always be kept rear-facing. A healthy baby riding rearfacing in the backseat will be safe even out of the driver's view. Parents should feel just as comfortable in this situation as they do when they put their baby down for a nap and leave the room.

- Each time a parent travels with a child they should think about what would happen if a crash occurred. Parents should always check the vehicle for loose items like toys and umbrellas that could move around inside the vehicle and cause an injury.

- All passengers should always be buckled up.

- Parents should always take their baby with them when they get out of the car, no matter how brief the stop.

- Keep in mind that traveling in someone else's vehicle, such as a friend or family member's car, can be difficult. The seat that fits perfectly in one car may not fit in another. The baby's safety demands that the car seat be securely installed in any vehicle in which the child travels. Make smart decisions—take the time to determine whether the seat fits in the other vehicle and if it requires any special adaptations or equipment. A different car seat or a different vehicle may be needed.

- Taxi cabs and rental vehicles are usually covered by the state child passenger safety law and require traveling with a child safety seat.

- It's important for parents to call ahead and request a seat or to inform the cab or rental car company that they'll be bringing their own car seat and will need to check the fit. On a longer trip, it's probably better to bring their own seat since long term rental can be expensive. Parents can check into local loaner programs that may be able to provide a free or low-cost seat.

- When a trip involves air travel, parents must always bring their car seat. It's the best way to protect their baby when traveling by air. Parents should look for a sticker on the car seat that reads "This restraint is certified for use in motor vehicles and aircraft."

- Parents will need the car seat when they reach their destination. They should always call ahead to make sure their car seat will fit and to ask about the airline's policy about car seats. Call 1-800-FAA-SURE for more information.
- Public transportation vehicles rarely provide seat belts with which to secure car seats. But if transportation to and from a public system involves a car or other vehicle, a car seat that converts to a stroller may be a good choice.

If possible, ask a guest speaker from a local car seat loan or rental program or other child passenger safety program to come and do some hands-on training about child safety seat use. Ideally, the speaker can set up a child safety seat checkpoint so that expectant parents can bring their car seats and vehicles and learn how to install the seats correctly.

Contact your state highway safety office (see the list in the section, **Additional Resources for Parents**) for information on child passenger safety programs in your state and community. You may even find a child passenger safety program in your own hospital or care setting.

The **Resources and Tools** section of this *Instructor's Guide* contains a number of reproducible handouts that you can give to parents to help them learn more about correct child safety seat use.

HOME SAFE HOME: PREPARING THE HOME FOR THE NEW ARRIVAL

The **Resources and Tools: Reproducible Parent Handouts** section of this *Instructor's Guide* contains several handouts that can be reproduced for parents and distributed in prenatal classes and other settings. It also lists some materials that can be ordered in quantities from the American Academy of Pediatrics and from NHTSA for distribution.

Crib Safety

The U.S. Consumer Product Safety Commission (CPSC) reports that more than one child dies in an incident involving a crib every single week.

Things To Remember When Buying A New Crib

- There should be no more than 2 3/8 inches space between the crib slats or spindles. Spaces that are bigger can allow the baby's body to slide through, trapping the head and leading to strangulation.
- The crib should not have any cornerpost extensions or protrusions. The corners should be the same height as the end panels. Decorative knobs and posters are hazardous because clothing and necklaces can be caught and entangled as the child moves around or tries to climb out. Cornerposts should not extend above end panels by more than 1/16 of an inch.
- The crib mattress must fit snugly so that the baby cannot roll into the space between the mattress and the sides of the crib and suffocate.
- Drop side latches must be safe from accidental release and from being released by the baby.

Making Sure A Used Crib is Safe

Understandably, many families pass cribs down through the generations to be used by each new baby in turn. In other cases, friends pass on cribs, or cribs are purchased second-hand at thrift shops, antique stores, and garage sales.

Unfortunately, these used cribs, often called heirloom cribs, may not be safe to use, no matter how expensive or precious. A safe crib has:

- No missing, loose, broken, or improperly installed screws, brackets, or other hardware on the crib or the mattress support.
- No more than 2-3/8 inches between the crib slats so a baby's body cannot fit through the slats.
- A firm, snug-fitting mattress so a baby cannot become trapped between the mattress and the side of the crib.
- No cornerposts over 1/16 of an inch above the end panels (unless they are over 16 inches high for a canopy) so a baby cannot catch his clothing and strangle.

- No cutout areas on the headboard or footboard so a baby's head cannot become trapped.
- A mattress support that does not easily pull apart from the cornerposts so a baby cannot become trapped between the mattress and the crib.
- No cracked or peeling paint to prevent lead poisoning.
- No splinters or rough edges.

If a crib does not meet these guidelines it should be destroyed and replaced with a safe crib.

Suffocation and Choking

One of the ways that infants learn about the world in which they live is by touching and tasting things. Unfortunately, this can put babies at risk of suffocating and choking, as well as of poisoning.

Some of the simple ways to prevent these injuries are:

- Don't use infant cushions. The U.S. Consumer Product Safety Commission banned these cushions in 1992 because 36 infants suffocated while lying on them between 1985 and 1992. These cushions should be destroyed.
- Never let infants sleep on adult beds because they can become trapped between the mattress and the side of the bed or between the bed and a wall and suffocate. More than 250 babies suffocated while trapped this way between 1985 and 1991.
- Never leave an infant in a mesh-side playpen with the sides down. The infant may roll into the space between the mattress and the loose mesh side and suffocate. 20 babies died this way between 1985 and 1991.
- Dispose of plastic bags safely. Between 1980 and 1987 more than 100 infants and young children suffocated when dry-cleaning and other plastic bags blocked their nose and mouth and prevented breathing.
- Keep balloons, small toys, marbles, coins, etc. out of the reach of infants and young children. Broken pieces of balloons can be especially hazardous.
- Take rattles, squeeze toys, teethers, and other toys out of the crib and playpen while the baby is sleeping.
- Remove any crib toys strung across the crib or playpen area once the baby is beginning to push up on its hands and knees (usually at around 5 months old).
- Make sure that the crib and other infant furniture are not near any window blind or drapery cords because the infant could strangle. To keep these cords out of the reach of children use a clamp or clothes pin, tie the cord to itself, or use a cleat or a tie-down device.
- Never tie pacifiers or other items (jewelry) around your baby's neck.

Drownings

Infants and young children can drown in as little as an inch or two of water. Babies and young children should not be left alone in the bathtub or with an older sibling. If a parent must leave (e.g., to answer the phone) they should take the baby out of the tub.

- Keep small children away from buckets, toilets, and other containers of water.
- Supervise infants and young children at all times in the bathtub.
- If a family has a swimming pool, they should ensure that it has a four-sided fence with self-closing and self-latching gates.

Poisonings

Parents should always take advantage of the child-resistant closures that come on most medicines and household chemicals. Safety latches for kitchen, bathroom, and workshop cabinets can help keep household chemicals and medicines locked up and out of the reach of children.

Parents should always have the number for the nearest poison control center nearby and should keep syrup of ipecac in their first aid kit. **Syrup of ipecac should never be given to a baby without first calling the poison control center.**

Fires and Burns

Burns are among the most painful injuries that an infant can suffer. Here are some simple steps that can be taken to prevent these injuries:

- Install tap-water scald prevention devices on faucets in sinks and the bathtub. These inexpensive devices will stop the flow of water if it is hot enough to cause a scald burn.
- Turn the hot water heater temperature down to 120 degrees F. Parents may need to have an electrician reset their heaters if they are electric.
- Test the bath water with your elbow before bathing the baby. If the water is hot to an adult, it is too hot for the baby.
- Never carry hot foods and liquids at the same time as an infant. These hot items can easily burn babies because of their tender skin.
- Avoid using tablecloths while a baby is learning to stand. Infants will use anything they can to pull themselves into a standing position and may end up pulling hot food or liquids down on themselves. Keep kitchen appliance cords out of reach for the same reason.
- Use a pan filled with hot water to heat up the baby's bottle instead of using a microwave. Microwave ovens heat food unevenly and the milk or formula may end up scalding the baby's mouth.
- Install at least one smoke detector on every floor of a home and one outside each sleeping area. Test each smoke detector monthly and replace the battery once a year.
- Practice an escape plan for the family to use in the event of a fire or other emergency. It is better to make decisions about who will get the baby and where to meet outside the home before an emergency situation arises.

Falls

Infants can roll over as early as two months after they are born. It is important never to leave infants unattended on changing tables and other furniture to reduce the chances of a fall. In addition, when the baby begins moving around on its own it is advisable to use safety gates to block off stairs and exit doorways.

RESOURCES AND TOOLS: REPRODUCIBLE PARENT HANDOUTS

This section of the *Protecting Your Newborn Instructor's Guide* contains reproducible parent handouts that you and others working with new and expectant parents can use to educate parents about child safety issues.

The handouts are as follows:

- How to Keep Your Child in One Piece: The Top Ten Simple Safety Steps for Children on the Go (English and Spanish version)
- Babies & Air Bags Don't Mix I
- Babies & Air Bags Don't Mix II
- Tip #1: Quick Safety Seat Checkup
- Tip #2: Where Should Your Child Ride
- Tip #3: How to Protect Your New Baby in the Car
- Tip #4: What to Use for a Big baby or Toddler
- Tip #5: How Should Preschool and School Children Ride?
- Tip #6: Does Your Safety Belt Stay Tight Around Your Car Seat?
- Tip #7: Harness Straps Are Your Child's Link to Safety
- Tip #8: What Are Safety Seat Recalls?
- Used Child Safety Seat Checklist
- Are You Using it Right?
- Healthy Mothers, Healthy Babies' Home Safety Tips
- The Safe Nursery
- Baby Safety Shower Growth Chart
- What Every Parent Should Know: Facts About Sudden Infant Death Syndrome and Reducing the Risk for SIDS

Materials To Order

American Academy of Pediatrics
PO Box 927
Elk Grove Village, IL 60009-0927

- 1996 Shopping Guide to Child Safety Seats

  $29.95 for 100

- One-Minute Safety Check—English

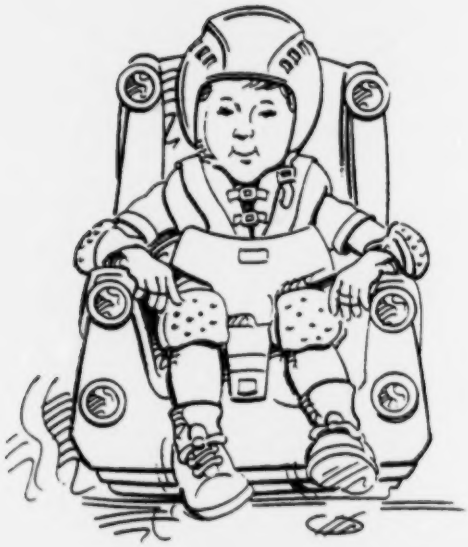
  $19.95 for 100

- One-Minute Safety Check—Spanish

  $19.95 for 100

National Highway Traffic Safety Administration
Office of Occupant Protection
400 Seventh Street, SW NTS-13
Washington, DC 20590

- Are You Using it Right brochure (free)



Cómo evitar que sus hijos tengan accidentes

Los niños son frágiles. Cuando se encuentran en movimiento, se deben seguir precauciones de seguridad para evitar accidentes trágicos. Según estadísticas de un año reciente, las heridas y muertes en accidentes de transportación que se podrían haber evitado alcanzan un número alarmante.

- Los accidentes automovilísticos son la causa principal de muerte de niños entre los 5 y los 15 años de edad.
- Más de 360,000 niños sufrieron heridas, y por lo menos 3,200 murieron en accidentes de transportación.
- Se hubieran salvado más de 250 vidas si los niños hubieran estado sentados adecuadamente en asientos de seguridad.
- Una de cada cuatro fatalidades de tráfico de niños menores de 16 años fue entre peatones; muchos de quienes no seguían las reglas de seguridad para cruzar la calle.
- Más de una tercera parte de las muertes entre ciclistas, sucedieron entre niños de 5 a 15 años.
- Más de 90 niños murieron y 200 sufrieron heridas en los cruces del tren.
- Los chalecos salvavidas hubieran salvado la vida de aproximadamente tres docenas de niños que murieron en accidentes de navegación recreativos.

Desafortunadamente, la larga lista de los niños que murieron o sufrieron heridas mientras se transportaban en diferentes vehículos es muy larga. Muchas de estas tragedias se podrían haber evitado si se hubieran seguido medidas de seguridad adecuadas. Enseñe estas medidas de seguridad a sus hijos y no sólo reducirá la posibilidad de accidentes, sino también sentirá más tranquilidad en cuanto a la seguridad de sus hijos.

Los 10 Pasos de Seguridad Más Importantes Para Niños En Movimiento

1. Los cinturones de seguridad siempre tienen que usarse, ya sea que los niños viajen en vehículos o en aviones.
2. Los bebés siempre deben estar adecuadamente sentados en un asiento de seguridad.
3. Los niños que montan bicicletas, siempre deben usar un casco.
4. Al llegar a la orilla de la acera, antes de atravesar la calle, los niños deben ver a la izquierda, a la derecha, y nuevamente a la izquierda.
5. Los niños nunca deben jugar cerca de las vías del tren.
6. Los niños siempre deben usar un chaleco salvavidas cuando viajen en barco o cuando estén cerca del agua.
7. Cuando caminan por la acera, o cuando andan en bicicleta, los niños deben ser visibles. De tal manera que tienen que usar ropa de color claro o vivo y, en la noche, ropa con marcas reflejantes (brillosas).
8. En las escaleras automáticas, los niños siempre deben pararse mirando al frente, sosteniendo la barandilla (barandal), y nunca tocar los lados o los escalones.
9. Los niños, nunca deben viajar en la parte trasera abierta de una camioneta tipo "pick-up".
10. Los niños nunca deben jugar cerca de la orilla de la plataforma del tren subterráneo (metro), o cerca de la orilla de la acera en las paradas de autobuses.

Inculque el concepto de seguridad en sus niños y haga su mundo mejor. Para más información sobre la seguridad y los niños, llame gratis al Departamento de Transportación de los Estados Unidos ("U.S. Department of Transportation") al: 800-424-9393 (sólo en inglés).

MOVING KIDS SAFELY

BEST COPY AVAILABLE

How to keep your child in one piece.

Children are fragile. When on the go, proper safety precautions must be taken or tragedies can result. Transportation-related injuries and fatalities that might have been prevented in one recent year are staggering.

- Motor vehicle crashes were the leading cause of death for children aged 5 through 15.
- More than 360,000 children were injured and at least another 3,200 were killed in transportation accidents.
- More than 250 lives would have been saved had children been properly secured in child safety seats.
- One-fourth of the traffic fatalities of those under age 16 were pedestrians, many not observing crossing rules of the road.
- More than one-third of the bicyclists killed were between age 5 and 15.
- More than 90 children were killed and 200 injured at railroad crossings.
- Life jackets would have saved the lives of approximately three dozen children that died from recreational boat drownings.

Unfortunately, the long list of children killed or injured while traveling goes on and on. Many of these tragedies would have been avoided if those children and their parents had observed proper safety measures. Teach your child safety and you'll not only make the odds swing in your favor, you'll also give yourself some peace of mind.

The Top Ten Simple Safety Steps For Children On The Go

1. Safety belts should always be buckled, whether a child is in a motor vehicle or on an airplane.
2. Young children should always be properly secured in child safety seats.
3. Children on bikes should always wear helmets.
4. Children should stop at the curb, look left, right, and left again before crossing the road. At intersections, they should pay special attention to turning vehicles.
5. Children should never play on or near railroad tracks.
6. Children should always wear life jackets when boating or around water.
7. Children should always be visible when walking or biking. They should wear light, brightly-colored clothing. At night, they should wear markers that reflect light.
8. When riding on an escalator, children should stand facing forward, always hold the handrail and never touch the sides or sit on the stairs.
9. No one, especially a child, should ever ride in the bed of a pick-up truck.
10. Children should never play near a subway platform edge or by the curb at a bus stop.

U.S. Department of Transportation

Instill the spirit of safety in your children and make their world a better place. For more information about child safety, call the U.S. Department of Transportation at 800-424-9393.

This checklist replaces the checklist packaged inside the Protecting Your Newborn Instructor's Guide.

PROTECTING YOUR NEWBORN
USED CHILD SAFETY SEAT CHECKLIST

1. Does the seat have a label showing it was manufactured after January 1, 1981?
   - ☐ YES: Continue
   - ☐ NO: DISCARD the seat!

2. Does the seat have label showing that it meets all federal Motor Vehicle Safety Standards?
   - ☐ YES: Continue
   - ☐ NO: DISCARD the seat!

3. Has the seat been recalled for safety defect? (To find out, call the Auto Safety Hotline* and give them the model number and date of manufacture of the seat.)
   - ☐ NO: Continue
   - ☐ YES: Have the defects been corrected?
     - ☐ YES: Continue
     - ☐ NO: DISCARD the seat!

4. Has the seat been involved in a car crash?
   - ☐ YES: DISCARD the seat!
   - ☐ NO: Continue

5. Are there any cracks, bends, or breaks in the plastic shell or metal frame?
   - ☐ YES: DISCARD the seat!
   - ☐ NO: Continue

6. Do you have a copy of the manufacturer's instructions?
   - ☐ YES: Continue
   - ☐ NO: —Call Auto Safety Hotline* for telephone number of manufacturer to request instructions

7. Does the seat have all its parts: harness straps, retainer clips, padding, shield, tether straps and bolts?
   - ☐ YES: Continue
   - ☐ NO: DISCARD —or obtain replacement from the manufacturer

8. Are the harness straps worn or frayed?
   - ☐ YES: DISCARD —or obtain replacement from the manufacturer
   - ☐ NO: Continue

9. Does the buckle area show signs of rust?
   - ☐ YES: DISCARD —or obtain replacement from the manufacturer
   - ☐ NO: Continue

10. Does the buckle mechanism latch remain latched and unlatch smoothly?
    - ☐ YES: Use the seat!
    - ☐ NO: DISCARD —or obtain replacement from the manufacturer

*Auto Safety Hotline Toll Free 1-800-424-9393 In DC area 202-366-0123

This Belongs to:

Your Phone Number:

Emergency Numbers:

Write important phone numbers in the spaces below and tape this list near your phone.

Fire:

Rescue Squad:

Police:

Poison Control Center:

This booklet was produced by the Injury Subcommittee of the National Healthy Mothers, Healthy Babies Coalition.

Special Thanks To:

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Illustrations by Bill Glascock.

Home Safety Tips

You Can Keep Your Baby Safe

Bedroom Safety

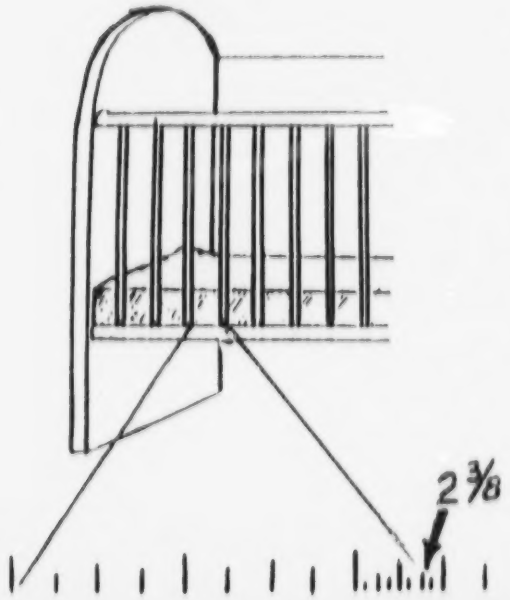
Hand-me-down and older cribs can be unsafe.

Is the space between the crib bars smaller than 2 3/8 inches? (If the space is too big, your child could slip through the space and strangle in between the bars.)

Yes ☐ No ☐

✔

TIP: Use the ruler on this page to check. If the bars are too far apart you can weave cloth in between the bars to keep your child from falling through.



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Are children kept away from open windows to prevent falls? Yes ☐ No ☐

Do you have window guards to keep children from falling out of the window? Yes ☐ No ☐

✔

TIP: Screens are made to keep bugs out but are **not** strong enough to keep children in. Move chairs and other furniture away from windows to keep children from climbing near the window.
It is safer to open windows from the top so children cannot climb out

Congratulations!!

By reading this booklet you have taken important steps to keeping your children safe.

There are other things that you can do to keep your children safe, like using a car safety seat every time your children are in the car. Check with your doctor or clinic for other safety tips.

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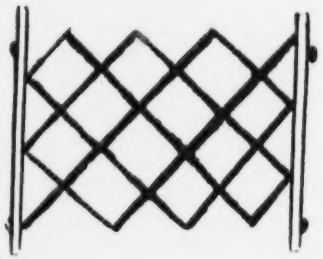
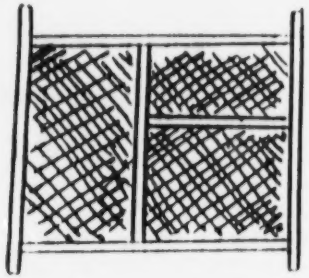
Are toddler gates used at the top and bottom of stairs? Yes ❑ No ❑

✔ **TIP:** Gates with big spaces between the slats should not be used—children can get trapped in the openings.

NO **YES**



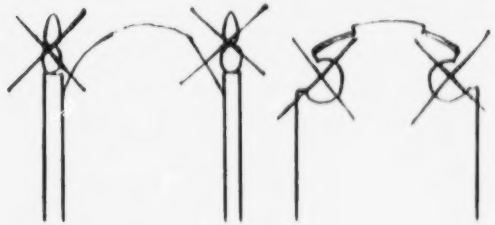


Are all plants placed out of your child's reach? Some house plants are poisonous Yes ❑ No ❑

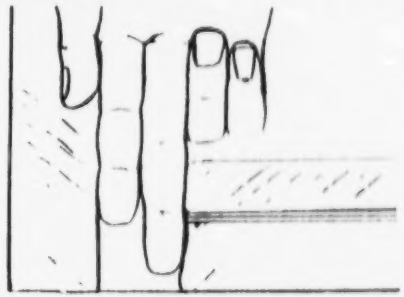
✔ **TIP:** Call your local poison control center to find out if your plants are poisonous.

Are the corners of the crib level with the top of the crib rails, with no corner posts sticking up? Yes ❑ No ❑

✔ **TIP:** If you answered NO, unscrew the corner posts or saw them off so they are level with the top of the crib rails.



Does the mattress fit snugly against the sides of the crib so that no more than two fingers can fit in the space? Yes ❑ No ❑



✔ **TIP:** If you answered NO, place rolled towels between the mattress and the sides of the crib and check them each time you use the crib.

Is the mattress covered by a waterproof mattress pad, not a plastic bag or a garbage bag? Yes ❑ No ❑

✔

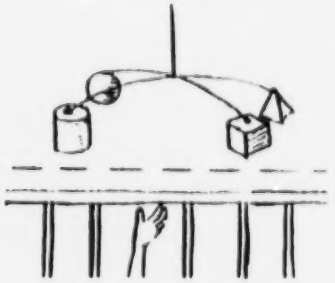
TIP: Children cannot breathe if they get a plastic bag over their nose and mouth. Use a waterproof mattress pad to protect the mattress.

Is the crib far away from electric cords, drapes and curtain cords? Yes ❑ No ❑

✔

TIP: Children can strangle if a cord gets around their necks. Move the crib away or tie the cord up so it is less than 6 inches long and out of your child's reach.

Are mobiles and hanging crib toys kept out of your child's reach? Yes ❑ No ❑



Toys meant for older children may have

- **small parts**
- **batteries**
- **electrical parts.**

These can hurt young children.
Children may also choke on balloons, even pieces of balloons that have broken.

Are these toys kept away from infants and younger children? Yes ❑ No ❑

Other hazards to watch for:

Are plastic bags kept away from young children? Yes ❑ No ❑

Are alcohol and cigarettes kept away from young children? They are poisonous. Yes ❑ No ❑

Are guns and other firearms kept out of the house? Yes ❑ No ❑

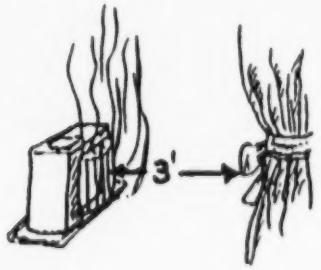
✔

TIP: Do not keep guns and other firearms in the house. If guns are in the house, unload them, lock them up and keep the keys out of your child's reach. Store the gun separate from the bullets.

Do you test every smoke detector once a month? Are the batteries replaced every year? Yes ❑ No ❑

✔ **TIP:** Use the test buttons on your smoke detectors to test them. Replace old batteries. Never remove the batteries for use in toys or radios.

Are space heaters kept at least three feet away from cribs, beds, clothing, curtains, furniture and paper? Yes ❑ No ❑

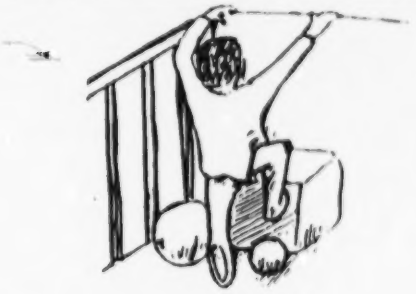


Are matches and lighters locked in a cabinet that is higher than your shoulders? Children as young as 2 can start fires with lighters. Yes ❑ No ❑

Are strings on crib toys and pacifiers removed so that children cannot be strangled? Yes ❑ No ❑

Were bumpers, pillows, toys and mobiles removed as soon as your child could push up? Yes ❑ No ❑

✔ **TIP:** If your child can push up, remove bumpers, pillows and toys from the crib. Children will use anything they can to help them climb out of the crib. Your child can fall out of the crib.



Does an adult always stand next to the child with a hand on the child when the child is on anything above the ground (changing place or bed)? Yes ❑ No ❑

✔ **TIP:** Your child could roll over while being changed and fall. Gather things you need before you start changing the baby. If you forget something, take your baby with you while you get it.

Bathroom Safety

Children can't tell what is medicine and what is candy. They may try to eat anything.

Are medicines, vitamins, and cleaning supplies stored out of reach in locked cabinets? Yes ❑ No ❑

✔ **TIP:** If your child swallows something they should not, call a poison control center right away.

Electric items can cause an electric shock if they fall into the sink or bathtub while they are plugged in.

Are hair dryers, space heaters and other items always kept away from the water and unplugged after you use them? Yes ❑ No ❑

Young children have tender skin and are easily burned if the tap water in the sink or bathtub is too hot.

Does an adult always test the water with an elbow before putting a child in the tub? Yes ❑ No ❑

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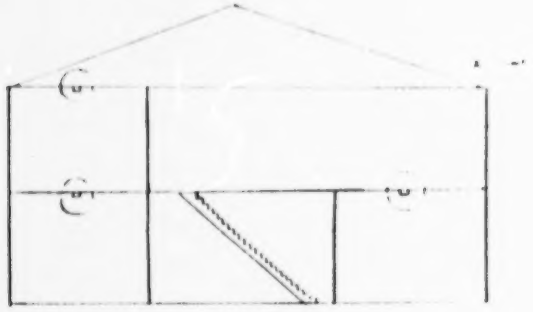
General Safety

A working smoke detector gives you and your family extra time to get out of your home if there is a fire.

Are there working smoke detectors on every floor of your home? Yes ❑ No ❑

✔ **TIP:** Smoke detectors should be placed on the ceiling or high up on walls outside all sleeping areas. You can buy smoke detectors in your local hardware store. They usually cost $6 to $25. Check with your local fire department. They may have free smoke detector programs.



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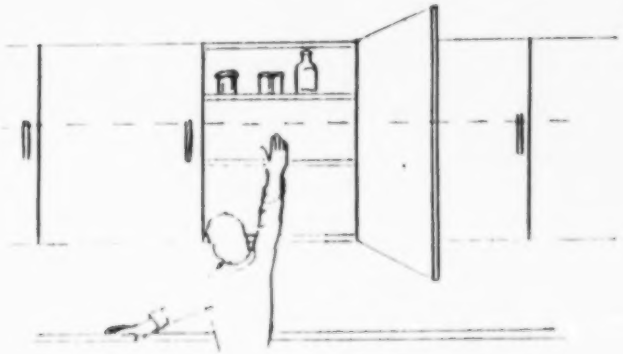
Are appliance cords kept wound up and out of reach?	Yes ☐	No ☐

Young children do not know what they should not put into their mouths. They also try to copy adults "taking medicines."

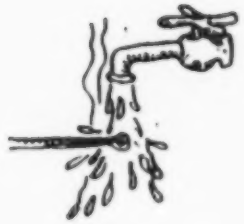
Are matches, cleaning supplies, medicines, and vitamins stored high out of reach in locked cabinets?	Yes ☐	No ☐



Children under 4 can choke on round, firm foods like grapes, peanuts, hot dogs, raw carrots and hard candy.

Are these foods kept away from young children?	Yes ☐	No ☐

TIP: Very hot tap water can cause burns. Check your hot water temperature.
Run hot water for 3 minutes.
Use (meat or candy) thermometer to check the temperature.
The temperature should be 120°F or less. If the water is too hot, talk to your landlord about lowering the temperature or installing an anti-scald device or lower the temperature yourself.



Children can drown in very little water. They can even drown in the toilet, in a bucket, or in the bathtub. They can turn on the hot water and cause burns.

Does an adult always stay with the child while he or she is in the bathtub? (Do not ask older children to watch younger children in the bathtub.) Yes ☐ No ☐

✔

TIP: Take your child with you if you have to answer the phone or doorbell while your child is in the tub. NEVER leave your child alone or with an older child in the bathroom or tub, not even for a minute.

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Kitchen Safety

Children are curious. They will grab onto anything they can reach (appliance cords, mugs, pot handles or table cloths).

Are coffee and tea mugs and other hot foods kept out of reach (away from the edge of a counter or table)? Yes ☐ No ☐

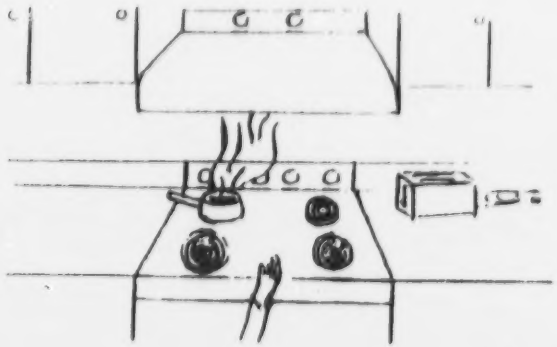
✔

TIP: Many children are burned by hot liquids their parents are holding. Put your coffee or tea cup down before you pick up or hold your child.

Are pot handles always turned toward the back of the stove? Yes ☐ No ☐

✔

TIP: It is a good idea to use the back burners on the stove for cooking.



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Where Can You Turn for SIDS Information and Support?

The Sudden Infant Death Syndrome Network is a not-for-profit, voluntary health agency dedicated to (1) eliminate Sudden Infant Death Syndrome through the support of SIDS research projects, (2) provide support for those who have been touched by the tragedy of Sudden Infant Death Syndrome, and (3) raise public awareness of Sudden Infant Death Syndrome through education.

What Services are Offered by the SIDS Network?

- Peer counseling for those that are effected by a SIDS death.
- A monthly support group meeting.
- Crisis intervention counseling.
- Referrals to other agencies and professional services.
- Educational programs for nurses, physicians, paramedics, firefighters, police officers, funeral directors, clergy, high schools, colleges, interested individuals and community groups.
- Literature
- Media public service announcements
- Newsletter

What Can You Do To Help?

The SIDS Network's services are available at no charge. There are numerous opportunities to become personally involved as a volunteer with the SIDS movement.

For more information call 1-800-560-1454.

The Sudden Infant Death Syndrome Network is a charitable, not-for-profit, voluntary agency. Donations are greatly appreciated and necessary for carrying out the work of our organization.

Some Basic Facts about SIDS:

- SIDS is a definite medical entity and is the major cause of death in infants after the first month of life.
- SIDS claims the lives of about 7,000 American babies each year ... nearly one baby every hour of every day.
- SIDS victims appear to be healthy prior to death.
- Currently, SIDS cannot be predicted or prevented, even by a physician.
- There appears to be no suffering; death occurs very rapidly, usually during sleep.

What SIDS is *Not:*

- SIDS is *not* caused by external suffocation.
- SIDS is *not* caused by vomiting and choking.
- SIDS is *not* contagious.
- SIDS does *not* cause pain or suffering in the infant.
- SIDS can *not* be predicted at this time.
- SIDS is *not* new. It is referenced in the Old Testament (1 Kings 3:19).

SIDS Network
...making a difference

SIDS Information Web Site

http://sids-network.org

A world of information and support!

9 Gonch Farm Road
Ledyard, CT 06339
TEL 800-560-1454
FAX (860) 887-7309
E-mail sidsnet@q.continuum.net

WHAT EVERY PARENT SHOULD KNOW

Facts About Sudden Infant Death Syndrome and Reducing the Risks for SIDS

SIDS Network
...making a difference

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FAX (860) 887-7309
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Web Site http://sids-network.org

7/96

Many more children die of SIDS in a year than all who die of cancer, heart disease, pneumonia, child abuse, AIDS, cystic fibrosis and muscular dystrophy combined . . .

What is SIDS?

Sudden Infant Death Syndrome (SIDS) is a medical term that describes the sudden death of an infant which remains unexplained after all known and possible causes have been carefully ruled out through autopsy, death scene investigation, and review of the medical history. SIDS is responsible for more deaths than any other cause in childhood for babies one month to one year of age, claiming 150,000 victims in the United States in this generation alone - 7,000 babies each year - *nearly one baby every hour of every day.* It strikes families of all races, ethnic and socioeconomic origins without warning; neither parent nor physician can predict that something is going wrong. In fact, most SIDS victims *appear healthy* prior to death.

What Causes SIDS?

While there are still no adequate medical explanations for SIDS deaths, current theories include: (1) stress in a normal baby, caused by infection or other factors; (2) a birth defect; (3) failure to develop; and/or (4) a critical period when *all* babies are especially vulnerable, such as a time of rapid growth.

Many new studies have been launched to learn how and why SIDS occurs. Scientists are exploring the development and function of the nervous system, the brain, the heart, breathing and sleep patterns, body chemical balances, autopsy findings, and environmental factors. It is likely that SIDS, like many other medical disorders, will eventually have *more than one explanation.*

Can SIDS Be Prevented?

No, not yet. But, some recent studies have begun to isolate several risk factors which, though not causes of SIDS in and of themselves, may play a role in *some* cases. We share the following information with you in the interest of providing parents with the latest medical evidence from research in the U.S. and other countries in the hope of giving your baby the best possible chance to thrive. *(It is important that, since the causes of SIDS remain unknown, SIDS parents and others refrain from concluding that child care practices may have caused their baby's death.)*

Reducing The Risks For SIDS
Some Steps Parents Can Take

Place your baby on the ***back to sleep.***

➽The American Academy of Pediatrics recommends that healthy, full term infants sleep on their backs or sides to reduce the risk for SIDS. This is considered to be primarily important during the first six months of age, when a baby's risk of SIDS is greatest. It does not apply to certain infants with breathing problems or infants with excessive spitting up after feeding. Parents should discuss this recommendation with their baby's doctor.

Stop smoking around the baby.

➽Sudden Infant Death Syndrome has long been associated with women who smoke during pregnancy. A recent study by the National Center for Health Statistics demonstrates that women who quit smoking but then resume smoking after delivery put their babies at risk for SIDS, too. Findings from the survey show that babies exposed to smoke only after birth were *twice* as likely to die from SIDS as those whose mothers did not smoke at all. And, constant smoke exposure both during and after pregnancy *tripled* a baby's risk for SIDS.

Use ***firm bedding*** materials.

➽In response to recent research, the U.S. Consumer Product Safety Commission has issued a series of advisories for parents on the hazards posed to infants sleeping on beanbag cushions, sheepskins, foam pads, foam sofa cushions, synthetic filled adult pillows and foam pads covered with comforters. Waterbeds should also be avoided. Parents are advised to use a firm, flat mattress in a safety approved crib for their baby's sleep.

Avoid overheating, especially when your baby is ill.

➽SIDS has been associated with the presence of colds and infections, although colds are not more common among babies who die of SIDS than babies in general. Now, research findings indicate that overheating - too much clothing, too heavy bedding, and too warm a room - may greatly increase the risk of SIDS for a baby with a cold or infection. Signs that your baby may be overheated include sweating, damp hair, heat rash, rapid breathing, restlessness, and sometimes fever. To help your baby regulate his or her temperature, some pediatricians recommend maintaining consistent indoor temperatures of 68 to 70 degrees Fahrenheit; and dressing your baby in as much or as little as you would wear.

If possible, ***breast-feed*** your baby.

➽Studies by the National Institute of Child Health and Human Development (NICHD) show that babies who died of SIDS were less likely to be breast-fed. Potential advantages to breast-feeding your baby include prevention of gastrointestinal and respiratory illness, infections and certain immunologic disorders.

Other ***important factors.***

➽Statistics tell us that seasonality (i.e. the cold weather months), maternal age (i.e. the younger the mother, the greater the risk), and baby's sex (i.e. boys are at higher risk than girls) are among the factors which must be considered. Baby's age is another risk factor. SIDS occurs most frequently in infants two to four months old; nearly 90% of the babies who die of SIDS are under six months of age. We also know that there is a higher incidence of SIDS for premature and low-birthweight infants, twins and triplets.

Maintaining good prenatal care and constant communication with your baby's doctor about changes in your baby's behavior and health are of the utmost importance.

What is Meant by Risk Factors?

Risk factors by themselves do not cause Sudden Infant Death Syndrome, but can have a negative effect on infant well-being. In fact, as many as two thirds of SIDS victims have no known risk factors, and, most babies with one or more of these risk factors will not become SIDS victims.

Therefore, while doctors are hopeful that following the recommendations we have described may reduce the risk of SIDS, we must understand that *following the recommendations faithfully will still not prevent all SIDS deaths.* Research must continue if we are to discover how and why SIDS occurs, and expand upon these and other risk factors.

ADDITIONAL RESOURCES FOR PARENTS

This section contains names of national organizations, often with state or local affiliates that can serve as resources for parents and caregivers. You may also want to contact some of these organizations to obtain information to share with the parents you educate.

Child Abuse

National Center or Missing and Exploited Children
2101 Wilson Boulevard
Suite 550
Arlington, VA 22201
Phone: (703) 235-3900/(800) 843-5678, (800) 826-7653 TDD
Fax: (703) 235-4067

The National Center for Missing and Exploited Children provides information and publications on missing children, child molestation, child pornography, and child prostitution. The Center sponsors a toll-free hotline to assist the public in reporting missing and exploited children and in providing information leading to the location of these children.

National Clearinghouse on Child Abuse and Neglect Information
PO Box 1182
Washington, DC 20013
Phone: (703) 385-7565, (800) FYI-3366/
Fax: (703) 385-3206

The National Clearinghouse on Child Abuse and Neglect Information is a national resource for parents and professionals interested in the identification, treatment, and prevention of child abuse and neglect.

National Committee to Prevent Child Abuse
332 South Michigan Avenue
Suite 1600
Chicago, IL 60604-4357
Phone: (312) 663-3520
Fax: (312) 939-8962

The National Committee to Prevent Child Abuse seeks to stimulate greater public awareness of the incidence, origins, nature, and effects of child abuse.

Parents Anonymous
520 South Lafayette Park
Suite 316
Los Angeles, CA 90057
Phone: (213) 388-6685
Fax: (909) 625-6304

Parents Anonymous organizes support groups for parents who have abused their children or fear that they might abuse them.

Parents United International
PO Box 608
Pacific Grove, CA 93950
Phone: (408) 646-1855
Fax: (408) 646-1054

Parents United International has 100 chapters throughout the United States and Canada. These chapters exist under the auspices of the professional community-based Child Sexual Abuse Treatment Program. Parents United consists of adult family members who receive treatment through the program; the other program components are Daughters and Sons United (sexually molested children and their siblings) and Adults Molested as Children. Each Parents United guided self-help group is sponsored by a professional agency such as Child Protective Services or a professional mental health agency.

Safe Transportation

Midas Project Safe Baby
Contact: Local Midas Brake and Muffler Shops

Midas Project Safe Baby is a community-based partnership with all franchised dealerships of Midas. The program offers child safety seats at reduced cost to any consumer with a rebate of the same cost in Midas services upon return of the seat. Project Safe Baby also provides educational materials on proper use and for classroom use or presentation with local civic groups. Seats are $42.00 each.

National Automotive Occupant Protection Campaign
1019 19th Street, NW
Suite 401
Washington, DC 20036
Phone: (202) 293-2270
Contact: Janet Dewey

The National Automotive Occupant Protection Campaign is a coalition formed and funded by motor vehicle manufacturers, insurance companies, and national safety organizations to focus on the problem of passenger side air bag-related fatalities among children. The Campaign includes a national public information campaign to raise awareness that infants and children should ride properly restrained in the back seat.

National Easter Seal Society
70 East Lake Street
Chicago, IL 60601
Phone: (800) 221-6827

KARS (Kids Are Riding Safe)/Special KARS (Special Kids are Riding Safe is a comprehensive hospital-based child passenger safety education program developed by the National Easter Seal Society and NHTSA. This program addresses special transportation needs for children who are unable to use conventional child safety seats due to either temporary or long term disabilities. It provides hospitals with the curriculum and structure to ensure that every infant or young child discharged is riding safely. This includes parent education on the importance and correct use of child restraints and child restraint distribution programs for infants and young children.

National Highway Traffic Safety Administration
400 7th Street, SW
Office of Occupant Protection, NTS-13
Washington, DC 20590
Phone: (800) 424-9393 Auto Safety Hotline/(800) 424-9153 TDD
Fax: (202) 493-2062

The National Highway Traffic Safety Administration (NHTSA) is part of the U.S. Department of Transportation. NHTSA creates and monitors standards for motor vehicles and child restraint devices. NHTSA is responsible for reducing deaths, injuries, and economic losses resulting from motor vehicle crashes. NHTSA investigates safety defects in motor vehicles; promotes the use of safety belts, child safety seats, and air bags; provides programs, technical consultation, and training; and provides consumer information on motor vehicle safety topics. NHTSA also sponsors the annual National Child Passenger Safety Awareness Week, providing program materials and conducting media events to support child passenger safety efforts across the nation.

National Safety Belt Coalition
1019 19th Street, NW
Suite 401
Washington, DC 20036
Phone: (202) 296-6263
Fax: (202) 293-0032
Contact: Carole Guzzetta

An affiliate of the National Safety Council, the National Safety Belt Coalition encourages, facilitates, and coordinates the involvement of a wide range of public and private agencies and organizations in support of efforts to stimulate increased public awareness of the importance of safety belts, child safety seats, and air bags.

Injury Prevention

Alliance to End Childhood Lead Poisoning
227 Massachusetts Avenue, NE
Suite 200
Washington, DC 20002
Phone: (202) 543-1147
Fax: (202) 543-4466

The Alliance to End Childhood Lead Poisoning alerts the public to the problem of childhood leads poisoning, informs health professionals and policy makers of lead-related health risks and available remedies; and facilitates federal, state, and local programs and policies to address the problem.

American Red Cross
430 17th Street, NW
Washington, DC 20006
Phone: (202) 737-8300/(202) 639-3233
Contact: Your local Red Cross Chapter

Local Red Cross chapters offer water safety programs, first aid and emergency training, birth classes, adult and youth health and safety courses, and community activities. Red Cross publications include pamphlets, brochures, and books on health education, babysitting, and child care.

Center for Injury Prevention
1007 Ellis Street
Stevens Point, WI 54481
Phone: (800) 344-7580/
Fax: (715) 341-8400

The Center for Injury Prevention is dedicated to developing and conducting programs that reduce or eliminate unintentional injuries and deaths to children; providing educational materials on injury prevention; serving as a resource for parents and professionals to obtain safety equipment and supplies; and providing the latest breaking news on injury prevention.

Danny Foundation
3158 Danville Boulevard
PO Bos 680
Alamo, CA 94507
Phone: (800) 83-DANNY
Fax: (510) 831-9102

The Danny Foundation advocates for the safety of cribs and other nursery equipment.

National Head Injury Foundation
1776 Massachusetts Avenue, NW
Suite 100
Washington, DC 20036
Phone: (202) 296-6443/
Fax: (202) 296-8850

The National Head Injury Foundation (NHIF) works to prevent head injury and to improve quality of life for people with head injury and their families. Services include a family helpline and a network of state associations. NHIF also produces publications on head injury.

National Lead Information Center
1019 19th Street, NW
Suite 401
Washington, DC 20036-5105
Phone: (800) LEAD-FYI/(800) 424-LEAD

The National Lead Information Center operates a telephone hotline that provides lead poisoning information in English and Spanish.

National SAFE KIDS Campaign
1301 Pennsylvania Avenue, NW
Suite 1000
Washington, DC 20004-1707
Phone: (202) 662-0600
Fax: (202) 393-2072
Contact: Your Local or State SAFE KIDS Coalition

The National SAFE KIDS Campaign is dedicated to the prevention of unitentional injuries to children ages 0-14. The Local and State SAFE KIDS Coalitions provide educational materials, speakers, and other resources for parents and other caregivers.

National Spinal Cord Injury Association
600 West Cummings Park
Suite 2000
Woburn, MA 01801
Phone: (617) 935-2722
Fax: (617) 932-8369

The National Spinal Cord Injury Association (NSCIA) is a membership organization of people with spinal cord injuries/disabilities, family members, friends, rehabilitation/health care professionals, and legal professionals. NSCIA works to improve the quality of life for persons with spinal cord injury and their families. Member services include a free information and referral hotline, a quarterly magazine, and support groups and peer visitation through local chapters.

U.S. Consumer Product Safety Commission
Washington, DC 20207
Phone: (800) 638-2772 Consumer Hotline/(800) 638-8270 TDD

The Consumer Product Safety Commission (CPSC) has jurisdiction over about 15,000 types of consumer products, from coffee makers to toys to lawn mowers. The CPSC works to reduce the risk of injuries and deaths from consumer products by developing voluntary standards with industry; issuing and enforcing mandatory standards; banning consumer products if no feasible standard would adequately protect the public; obtaining recall of products or arranging for their repair; conducting research on potential product hazards; and informing and educating consumers and responding to consumer inquiries. Parents can call the consumer hotline to obtain information or to report an unsafe consumer product or a product-related injury.

Sudden Infant Death Syndrome

National Sudden Infant Death Syndrome Resource Center
8201 Greensboro Drive
Suite 600
McLean, VA 22102
Phone: (703) 891-8955
Fax: (703) 821-2098

The National Sudden Infant Death Syndrome Resource Center provides information services, technical assistance, and resource referral on sudden infant death syndrome (SIDS) and related issues. The Resource Center maintains computerized databases of technical literature, public awareness materials, and SIDS-related organizations. Publications include bibliographies, fact sheets, and a newsletter.

SIDS Network
9 Gonch Farm Road
Ledyard, CT 06339
Phone: (800) 560-1454
Fax: (860) 887-7309

The SIDS Network is a voluntary health agency dedicated to eliminating SIDS, supporting those who have been touched by the tragedy of SIDS, and raising public awareness about SIDS.

Sudden Infant Death Syndrome Alliance
10500 Little Patuxent Parkway
Suite 420
Columbia, MD 21044
Phone: (800) 221-7437/(410) 964-8000
Fax: (410) 964-8009

The Sudden Infant Death Syndrome Alliance is a national nonprofit organization of individuals, families, and professionals working to prevent SIDS through medical research. The Alliance funds research into the causes of SIDS, offers emotional support to families who have lost babies to SIDS, provides clinical services to infants believed to be at risk, and supplies current SIDS information to new and expectant parents and to the public through a toll-free hotline.

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[1] Green M. (Ed.). 1994. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. Arlington, VA: National Center for Education in Maternal and Child Health.
[2] Green M. (Ed.). 1994. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. Arlington, VA: National Center for Education in Maternal and Child Health

NATIONAL ASSOCIATION OF GOVERNORS' HIGHWAY SAFETY REPRESENTATIVES

NAGHSR

NAGHSR MEMBERSHIP LIST

REPRESENTATIVE

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SAME

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